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Alisa Carstens
acarsten@lesley.edu

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Transitioning into Assisted Living Facilities: A Community Engagement Project

Capstone Thesis

Lesley University

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Alisa Carstens

Dance/Movement Therapy

Dr. Meg Chang Ed.D., BC-DMT

Abstract

Transition is a process and involves many physical, cognitive, and emotional changes for an older adult. In an assisted living facility (ALF), a new community was formed where established residents welcomed new residents into their new home. The residents came together in the morning dance/movement therapy (DMT) groups. DMT has many benefits to help older adults with the transition into the assisted living facility, such as providing the residents an opportunity to learn and rewire their brains through movement. In order to best support the residents and create a sense of community and accomplishment, this project involved a community engagement project of co-choreographing a dance with the residents to a popular song. After seven weeks of hard work creating the dance, there was a performance during an afternoon social. This study supported previous findings that older adults need to keep moving, socializing, and learning in order to grow developmentally. Dancing together allowed them to express themselves, to learn new skills, to come together, and to enjoy time with each other.

Keywords: transition, assisted living facilities, older adults, dance/movement therapy

Transitioning into Assisted Living Facilities: A Community Engagement Project

Introduction

I got out of the car on shaky legs, looked around, and saw people lugging furniture and belongings to the dorm. Did I have everything I needed? What was my new life going to look like? How was I going to say good-bye to my parents? The questions raced through my mind while we walked towards the check-in line. I said good-bye to my brother and sister in California, so just my parents helped move me into my new life at the University of Denver.

Relocating from rural California to an urban university in Colorado was a major life upheaval that I chose but did not fully comprehend until I was on the flight to Denver. My new life was about to commence, and my mom took the obligatory picture to commemorate it (see Figure 1). I included this picture because it reminded me how nervous and scared I was about everything involved in this transition. My body posture of clenched fists, tight shoulders, and forced smile reveal it all: “I am actually not ready to do this.” Figure 2 indicates how I moved from my parents’ house with my own room to a tiny corner room with two strangers, who quickly developed into lifelong friends.

College was a new challenge for me. I was no longer living with family who knew my ins and outs and who were my safety net, my comfort zone. I had to create a new family in the new environment. At first, I felt alone and isolated. However, throughout the year, I formed connections with classmates and hallmates and found my place in the university system.

Since moving to college, I have transitioned four more times in the past six years, both domestically and abroad. The transitions involved many growing pains and taught me how to open up to others, ask for help, savor the limited time that I have with my family, have long distance relationships, find my comfort zone in foreign places, and realize the importance of

reflection and alone time. Transitions are difficult in every aspect, so I can empathize with the clients that I work with as they transition through different stages since transitions happen in all periods of life.

For my second-placement internship this year, I am at an assisted living facility (ALF) in the greater Boston area. The residents move-in at different times and stay for different lengths of time. Their families help move in their belongings. It is also the responsibility of the facility to welcome them into the new space and to get them oriented to the happenings of the home and the new routine. Since this is probably the final transition in their life, it is important to improve their quality of life as much as possible and to understand the final developmental stage.

This privately-owned facility offers 24-hour supervision and assistance, medicine distribution, personal care services, activities, outings, housekeeping, three meals a day, and laundry services (NCAL, 2016). It has more than 100 beds in both “traditional” assisted living and in the memory care unit combined. It is privately funded by the residents, but there are assistance programs through the Low Income Housing Tax Credit Program and Program of All-inclusive Care for the Elderly (PACE). The layout of the ALF is a horseshoe shape with a courtyard in the middle. The apartments are designed to be small, so the residents have their own space but also are encouraged to be in the public spaces with the other residents. Most of the residents are upper middle-class and Caucasian who grew up in the area.

I noticed how monumental this life transition was for the residents who recently moved into the ALF. It surprised me that they were struggling with moving into their new home. They had many years behind them that they needed to process. Most residents had their prior homes for decades with their life partner and children. They had their established lives and routines with many memories from these previous homes. Something happened in their life when their family

decided as a unit that it was best for them to move into the ALF. The decision was a process, and the transition was a process. When I see them at the ALF, I see them as they are transitioning into this new environment and all that it encompasses. I also see how the current residents welcome them into their community and how they transition from strangers to family.

Through this project, I wanted to find a way to connect the residents to each other and to understand where they were coming from in this transition. When I understand them and their life stories, I can best support them at the site. The other residents can also know each other's stories and form another layer of support to help create a sense of community, family, and belonging. In order to create a sense of community, increase quality of life, and incorporate dance/movement therapy (DMT), I chose to do a community engagement project. With the residents, we co-created a dance to a popular song and performed it to the larger ALF community. I found that the residents had fun while creating this project and enjoyed the performance. It was a moment of connection and sense of community that was able to mingle established residents with newer residents.

The remainder of this paper is divided into four sections: literature review, methods, results, and discussion. In the literature review, I discuss what research has been performed around ALF, the elderly, transitions, and the science behind DMT. The methods section describes my project and the different phases in accomplishing it. The results discuss what happened and themes that arose. The discussion ties in my findings with the literature. The concluding remarks include limitations of the project and future research implications.

The purpose of this project was to help older adults who were transitioning into this ALF, through DMT, explore emotions around the major transition and create a sense of community.

By co-creating a dance, the intent was to do something artistic together in a setting that they were familiar with, which would catalyze building a sense of community.

Literature Review

Late Adulthood Developmental Stage

Residents discussed a positive perspective to living in the ALF, which included being around people who were going through the same life experiences and were similar ages. Late adulthood is considered the stage of life for individuals who are over the age of 65. Physical and cognitive declines may be gradual, and the older adult's brain loses neurons and releases more stress hormones during this phase (Berk, 2018). Mobility may be affected by losing muscle strength, bone density, and joint flexibility (Berk, 2018).

In terms of psychological development, Erik Erikson titled the final stage as "Ego Integrity vs. Despair" in which the final conflict of life is resolved (McLeod, 2018). In this stage, individuals are facing death and are analyzing their lives to see if they accomplished what they wanted. The older adult resolves any loose ends and wants to feel a sense of completion, integration, and achievement, which is when they achieve "ego integration" (Berk, 2018; McLeod, 2018). Wisdom comes in late adulthood because older adults have many life experiences and can apply that knowledge to new situations and interactions. In order to keep up with the times, older adults should keep learning, which assists in maintaining cognitive abilities (Berk, 2018).

Reminiscence is a way in which to achieve ego integration. By sharing one's life stories, they can associate thoughts and feelings about them and share their experiences with others in order to impart their wisdom. Older adults are "largely present- and future-oriented: They seek avenues for personal growth and fulfillment" (Berk, 2018, p. 612). Therefore, older adults can integrate past life experiences and learn from them in order to continue moving forward and to

keep learning in life. Plus, by reminiscing, older adults socialize, which maintains or creates interpersonal relationships. It is important to keep learning and making new memories through life experiences.

Lee, Chi, and Palinkas (2019) advocated that adults continue to learn, especially past retirement, which increases cognitive functioning. After retirement, residents should continue to participate in activities that engages the mind in order to improve cognitive skills. Examples of mentally engaged activities include puzzles, playing cards, reading, praying, meditating, singing, dancing, creating or listening to music, and doing arts and crafts (Lee et al., 2019).

Connell (2004) affirms that by having a care plan, medical and mental health care providers at the facility make goals for the resident, which will keep the resident progressing and learning. The residents' care plans at my ALF include nursing needs and goals for attending activities. Their intake interview includes asking their interests, which leads the activity director to find ways to get them engaged and interested in the different activities offered.

Overview of Assisted Living

According to the National Center for Assisted Living (NCAL) in 2016, there were 28,900 assisted living facilities (ALF) in the United States. Within the ALFs, there are almost one million licensed beds, although not every bed is occupied (NCAL, 2016). In 2018, there were 811,500 residents living in ALFs. ALFs typically offer the following amenities: 24-hour supervision, exercise and wellness, activities, daily living help, transportation, meals, housekeeping, and medication management. 75 percent of the residents are females, and 82 percent of all residents are over the age of 75 (NCAL, 2016).

The Decision-Making Process

Culture

The American culture is an individualistic one and values independence. It also cherishes youth, which in turn can disregard the elderly. It is not a common practice for elderly family members to live with their children. When it gets to be too difficult for adult children to take care of their parents, they look for outside help, which can take the form of moving their elderly parent(s) into an ALF. When looking into ALFs for loved ones, it is important to take the culture and demographics of the site into consideration.

Family

There are many reasons why people move into an ALF, and it is a complex decision that usually involves the individual or couple moving in and their family. Branson, Branson, Pozniak, Tookes, and Schmidt (2019) investigated how family relationships affected life transitions for people over the age of 65, particularly within the child-parent relationship. Branson et al. (2019) found that attachment style cultivated during the child's adolescence is indicative of the attachment style seen in the parent's elderhood. Role reversal occurs in the parent's later years because the child then becomes the parent's caregiver. Trust must be developed in the relationship for the parent to feel comfortable with the child making decisions for them when they are not able to do so themselves. Older adults want to feel cared for and valued by their children.

Koenig, Lee, Macmillan, Fields, and Spano (2014) examined the complex factors that go into the family's decision of moving into an ALF. A reason why this "decision-making process can be profound" is that it can impact "the older adult's sense of meaning and purpose" (Koenig et al., 2014, p. 336). Koenig et al. (2014) found that two main components of the decision-making process involved logistical and emotional reasons, such as financial reasons, the need for more physical support, and to be closer to family. Families need to weigh the costs and benefits

of putting their loved one in the ALF. Residents and their families must come up with ways to pay for the facility and services, which usually involves selling the resident's previous home, social security checks, and tapping into their savings and retirement plans¹. Koenig et al. (2014) advised that mental health providers who work with this population understand and know how to work with complex family dynamics in order to help ease any confusion and conflict within the family.

Transition as a Process

Transition is defined by Random House's Second Edition Unabridged Dictionary (1993) as, "movement, passage, or change from one position, state, stage, subject, concept, etc., to another; change" (p. 2010). The definition above means that transition is a process and may last for an undefined period of time. The undefined period of time is contingent upon the individualistic process of the person, and can be seen in social, emotional, and physical aspects of their life.

For the purpose of this project, transition is defined as the process when an older adult moves from their previous home to the assisted living facility. The transition is not only the physical relocation but also the emotions that are included in the process. The transition is considered complete when they feel that the ALF is their home, and they feel part of their new community. In this case, I am going to focus on the emotional aspects of the transition.

¹ The average cost of an ALF is \$4,000 per month (NCAL, 2016). Around 16.5 percent of residents rely on Medicaid to help fund their stay in an ALF, but Medicaid will not pay for room and board (NCAL, 2016). Medicaid coverage depends on the state and the person for how much they will fund. Another avenue to help with ALF costs is through the Department of Veteran Affairs (VA) (Guihan et al., 2009). The Assisted Living Pilot Program (ALPP) found that facilities that accepted Medicaid could help veterans fund living in an ALF (Guihan et al., 2009).

Schlossberg's (1981) transition theory found that "individuals differ in their ability to adapt to change" (p. 2). It depends on the individual, their specific life circumstances, and their mentality at that moment for how they will adapt to the transition (Schlossberg, 1981).

Schlossberg (1981) defines transition as something that causes "a change in assumptions about oneself and the world," which is a process that "requires a corresponding change in one's behaviors and relationships" (p. 5). There are new relationships to form and a chance to see one's self in a new light because of the new space (Schlossberg, 1981). For example, Schlossberg's transition theory can be applied to many life transitions, such as institutions assisting veterans in their transition to higher education (Griffin & Gilbert, 2015), aid for enrolled nurses transitioning to the professional identity of registered nurses (Wall, Fetherston, & Browne, 2018), and social support for adolescents transitioning to motherhood (Gbogbo, 2020).

"Adaptation to transition" is defined by Schlossberg (1981) as "a process during which an individual moves from being totally preoccupied with the transition to integrating the transition into his or her life" (p. 7). This is the moment when the resident feels that they have integrated into the ALF. One example of this is a female resident who has been living at the ALF for almost a year now. In summary, she explained that she still feels like she is transitioning but this is the best option for now. For her, this is a place where she can be with people who are just like her. She is adapting because she senses the turmoil of the transition but also feels reassurance of being around people in the same stage of life.

By seeing how an individual adapts to the change in their life state, such as this relocation process, the counselor can better understand where they are coming from and how to best support them with this process (Schlossberg, 1981). The residents move into the ALF at different

times, but they can relate to each other because they had their individual experiences with the transition process.

Transitional Space

Winnicott (1971) described transitional space as the “intermediate area of experience” between the self and the other (p. 1). Transitional space is the potential space created between two people that is in-between what is real and what is imaginary, where there is much potential for creativity and imagination. Meaning occurs and where personal and interpersonal growth happens (Dosamantes-Beaudry, 2007; Winnicott, 1971). Fischman (2016) added that “it is a place for relaxation, of freedom, where spontaneity arises” (p. 40). The residents have the chance to reinvent themselves and can explore their new surroundings with a fresh perspective. The therapist who interacts with the new residents allows them to be themselves and to ease into their new environment. The therapist allows for spontaneity through movement and to make new connections with the residents, helping to overcome traumas of previous transitions (Fischman, 2016). The dance/movement therapist is there to help the resident feel understood and welcomed to the ALF by creating the transitional space in dance/movement therapy groups.

Transitional Objects

Transitional objects help one to separate from their loved one when they are absent because the person is not yet able to internalize their loved one. The external object helps maintain their attachment to their loved one. “The transitional object then is literally the only bridge to the possibility that a person continues to exist even if absent” (Flanagan, 2016, p. 133). Flanagan (2016) mentioned a client who created a booklet with her husband’s photographs that she carried with her when he left on a business trip. The booklet formed a “bridge” for the client for keeping her husband with her even in his absence. The purpose of the object is to form this

“bridge,” which can be transitioned out when the “mental representation” can be constructed from within (Flannagan, 2016, p. 134).

The idea of a transitional object is especially relevant in the American culture because it is a culture that values independence (Flanagan, 2016). Since there is value placed on being alone, Americans need to find ways to help them be alone and away from their loved ones, which can be done through an object.

The residents I work with depend on residents who have lived in the ALF for a while and the staff members to generate a space in which they feel “held, safe, and protected from the dangers” within and outside of the self (Flanagan, 2016, p. 133). It is also the responsibility and role of the residents’ children to create a safe space during the move-in process and throughout their stay. Most families cannot visit daily, but they visit when they can after the move-in process is complete. During and after the process, it is up to the staff and other residents to include the new resident in tasks of daily living and social activities in order to make them feel welcomed, loved, and connected. While the residents’ children help establish a comfortable environment in their new living spaces, the ALF constructs transitional space in the common areas because it is a space of unknown potential where people can gather. The DMT groups occurring in the activity room are in a common space, which can be equated with a transitional space and a place of safety to explore these thoughts and feelings together.

Somatic Transference

In DMT, the therapist has clients use their “bodily-felt experience and enacted behaviors” as transitional objects, which Dosamantes-Beaudry (2007) labels as “somatic transference” (p. 76). Adults can use the therapist as their transitional object, especially in times of crisis, in order to shed light on our “fears of the unknown” and find the “symbolic meaning” in the meeting

(Dosamantes-Beaudry, 2007, p. 76). This idea is relevant to the residents at the ALF because in this transition, they leave many of their personal and meaningful objects behind because the apartments in the ALF are small. Therefore, the role of the therapist in this downsizing process is critical in being the transitional object to help them through this process.

Dosamantes-Beaudry used dance/movement therapy for self-reconstruction and reintegration. She directed clients “through a process of self-discovery” by using spontaneous movements to tune into the “bodily-felt experience” and imagery that arose (Dosamantes-Beaudry, 2007, p. 79). The residents want to feel secure in their new surroundings. When they come to the DMT group, they learn how to create a home in their bodies and find a place for themselves in the group. The therapist allows them to explore different thoughts and emotions through movements and interactions in the group. By finding themselves in the group setting, they can apply this discovery and knowledge to interacting with the larger community.

Older Adults and DMT

Kshtriya, Barnstaple, Rabinovich, and DeSouza (2015) reviewed the literature to see how the neurobiology of older adults changed when they engaged in dance (many different styles). They found that dance, as a creative outlet, encompasses more than cardiovascular advantages and benefits “learning, attention, memory, emotion, rhythmic motor coordination, balance, gait, visuospatial ability, acoustic stimulation, imagination, improvisation and social interaction” (Kshtriya et al., 2015, p. 82). Cognitive plasticity occurs through “growth factor proteins,” and the mirror neuron system is activated through dance, which helps improve empathy and emotional understanding (Kshtriya et al., 2015, p. 103). Therefore, dance incorporates the physical, emotional, and social domains of the human experience.

Gayvoronskaya and Shapovalov (2010) wanted to use dance/movement psychotherapy to improve the older adults' quality of life and to improve their self-image. Through ten to 15 weekly small group sessions, Gayvoronskaya and Shapovalov (2010) found dance/movement psychotherapy to be effective in improving psychosomatic, interpersonal, and the life quality of older adults going through biological and hormonal changes. The older adults found themselves to be more physically attractive, and they had more acceptance towards themselves.

Neuroscience and Older Adults

The more commonly known phrase “neurons that wire together, fire together” is based on the Hebbian theory of learning, which was discovered by Donald O. Hebb. Hebb found how our brains learn on a cellular level and wrote about it in his book *The Organization of Behavior* (1949). His neuroscientific discoveries can be applied to the older adults at the ALF.

The elderly had habits in thinking, feeling, and behaving when they lived in their previous homes. They had their familiar surroundings, familiar faces, routines, and emotions towards these items. Their neural pathways were set. Then, they moved to the ALF. Their surroundings were no longer familiar, and everything about their daily life changed. The neural pathways are hard, if not impossible, to rewire since they had many years to obtain permanence. Drs. Lewis, Amini, and Lannon (2000) explained that a neural pathway is formed when a stimulus is presented, and a specific sequence of neurons is fired. When the brain is presented with the same thought, feeling, or action, the neural pathway is “well worn” enough “such that thoughts fly down [it] with little friction or resistance,” which makes it “a habit of speech, thought, action, attitude” (Lewis et al., 2000, p. 143). The older adults' brains still have the old pathways and must create new “habits” of thinking to their new environment. The timing is different for each person and depends on their mental state as to how their brain can make new

memories. If given enough time and opportunity, the elders' brains are able to create new neural pathways and see the ALF as their "new normal" and possibly eventually, their home.

Combining Developmental and Neurobiology Perspectives

The residents are still learning on cognitive, physical, and emotional levels through dance and by crafting a dance together in our DMT group. Neuroplasticity is happening in their brains by creating new neural connections that are based on new life experiences. They may feel that they are adjusted to the new environment when their neurons have solidified their connections in this new neural pathway. This may come through seeing the same faces every day, having a set schedule, and knowing their new environment. Once these neural pathways have been established, new pathways need to be formed in order to improve their quality of life, to keep challenging themselves and their thinking, and to keep their learning continuing throughout their lives. This gives them a reason to explore and experience something every day, which motivates them to make connections with people, their surroundings, and themselves.

Learning about the resident's new environment and overcoming personal challenges are part of the transition process. Incorporating these two aspects are foundational pieces to my dance project. I wanted the learning of the dance as a group to help with the learning of the new environment. Through the transition to their new home and with new people, the brains of everyone who was involved in the process were simultaneously being rewired as they learned and co-created a dance as a community.

Arts-Based Research that Inspired My Project

Almqvist and Andersson (2019) described the process of 25 elderly, non-professional dancers in Sweden who attended a dance workshop for a week that was led by a choreographer. Almqvist and Andersson (2019) wanted to make evident that elders could express themselves

through dance, which gave them cultural access and the ability to contribute to society as equal members. Learning can and should continue to happen in elderhood. The elders in the study shared their life stories, became more emotionally self-aware and were able to express what they were feeling. Through dance, I engaged with the elders who had recently moved into the ALF and was able to give them a way to express themselves and to form community with those around them.

Demecs and Miller (2019) implemented an arts-based research method that also inspired my project. They described a tapestry weaving project that took place in an ALF in Queensland, Australia. A local artist brought in her loom and had the residents contribute to every step of the process, from deciding what to weave, to weaving the final product. Working on a tapestry together taught them a new skill, got them to engage together, and incorporated symbols specific that were meaningful to those residents (Demecs & Miller, 2019). In my project, I talked with the residents about what the symbols of the project meant to them and provided emotional support through their transition. I used dance and writing as ways to process the project and my interactions with the residents because art could convey meanings that were difficult to work through verbally. I was inspired by the articles and have found that my residents could do the same: make something meaningful together through movement.

Methods

Purpose

The purpose of this project was to co-create a dance with the residents and perform it to the larger ALF community. By performing the dance, it established a sense of community and group cohesion and helped the new residents with their transition process to get integrated into

the ALF community. The question that I wanted to answer was: how does dancing together and performing a piece help with the transition into the ALF community?

Participants

Since September, I have been working with the residents in the ALF where I have my internship. I had known the residents for five months and had established a sense of trust and safety before we started learning the dance in January. Plus, doing the dance together helped our therapeutic relationship by working through the process together. There were between eight to twelve residents who came to the morning DMT groups, who were middle to upper-middle class, Caucasian, and over the age of 55.

In my ALF, the dominant resident profile is a Caucasian woman in her 80s who is widowed. Most of the residents are Italian and Catholic. Around 80 percent of the residents are women, and 20 percent are men. There is a fifty-year age gap between the youngest and oldest resident. They all appear to be cisgender and from nuclear families. Most of the residents are from upper middle- to middle-class white families, and there is a handful of non-white residents.

There were a few new residents that came to the DMT groups during these five months, and two new residents (who had moved in within the past couple of months) performed with us. Different residents participated in the DMT group each week, and the average amount of attendees to the DMT groups was nine residents. There was a consistent group that came to every activity, and they were the ones who were both at the DMT groups and the afternoon social for the performance. There were a couple of men who came to group, and one who performed. In the performance, there was a total of seven dancers and an undetermined amount of audience members. Five dancers had walkers in front of them, and two were able-bodied and did not require mobility assisting devices. There were two family members present: a

granddaughter and her baby. I invited the managers at the last minute, and two out of the four attended.

Dance/Movement Modality

In the process, we are using art as therapy, so the residents will be able to verbally process this transition as well as through movement. We used dance as a catalyst for creating discussion, dialog, and a way to build and form community. The performance was a chance to share this artistic accomplishment with the larger ALF community and their family, who are also involved in the transition. Almqvist and Andersson (2019) used a similar technique of having dance workshops with elders and performing a dance. I was inspired by their process and was able to have established rapport with my residents and have a longer process to create the dance with them. Demecs and Miller's (2019) tapestry weaving project inspired me for how to involve the whole community, to create something meaningful together through art.

We danced together in the process because the residents are familiar with this art form at the site. The participants attended the DMT morning group (that they call "exercise"), and they are used to moving in community. The two daily activities at the ALF are the morning DMT ("exercise") groups and the evening Bingo games that both take place in the activity room. There is a consistent time and place to be. Everyone in the ALF gets a monthly calendar, so they know what the activities are for the month. The invitation to activities is open to all residents: new and established.

DMT Preparation Groups

My thesis project started on Friday, January 17, 2020 and continued until our performance on Monday, March 2, 2020 (a total of seven weeks). The residents and I discussed

how important it is for them to continue to move, so they attend “exercise” in order to do what is best for their minds and bodies and have the chance to listen to music together.

In the activity room, the tables were pushed to the peripheries, and the chairs were placed in a horseshoe formation, leaving the doorway open in case people came and went during the group. I sat at the “front” of the room where the chairs came together at the curve of the horseshoe, so the residents could all see me and each other. We sat in chairs in order to accommodate the different movement abilities of the residents and to all be on the same level.

Marian Chace’s techniques influenced how I ran my DMT groups leading up to the performance. I created an environment where residents felt safe to explore, mess up, and voice their opinions and feelings about the process. I used her mirroring techniques of “picking up” the clients’ movements and mirrored them back for the client to be seen (Sandel et al., 1993, p. 100). I chose the theme of the day by listening to their verbal contributions and their music choices. They were the central focus of the group, and I wanted them to feel that their presence contributed to the group. I looked at the positive aspects of the client by attending to the parts that wanted to “be heard and be well” (Levy, 2005, p. 21). By seeing the residents through a strengths-based approach and finding ways to connect with them, I helped them connect with each other. Similar to Chace with the residents, I understood the basic human need to communicate, attach, and connect (Sandel, Chaiklin, & Lohn, 1993). I perceived, encountered, reflected, and interacted with movement expressions in order to understand the resident’s inner world and connected them to the community around them (Levy, 2005).

During the DMT groups, I came up with a playlist that was influenced by the residents’ preferences. The music was projected through a Bluetooth speaker that I placed on the floor, so making sure technology worked was an important step in the process. They told me what songs

they liked to listen to and occasionally requested specific songs. Song requesting was the main way I saw group roles change and where they felt they had control in the group. They felt comfortable with me and with the group to take charge and request different songs.

Sessions were divided in the warm-up, theme development, and closure. We warmed-up by exploring our kinesphere (near reach to far reach), warming up different parts of the body, and moving to the rhythm of the music. The theme development of the groups was learning the dance to the chorus of the song and dancing to the song once. Closure involved playing a few more songs for the playlist and dancing to the music, checking in with their feelings and how they were doing, and ending by thanking them for being in group.

Song choice. I made the therapeutic decision to choreograph to the song “Tie a Yellow Ribbon Round the Ole Oak Tree” by Tony Orlando and Dawn for a couple of reasons. First, when the song played, they unanimously declared that they liked it. It was a fun song that they all seemed to know and enjoy. Also, they had differing opinions about what their favorite song was and would not be able to agree on one song, so I made the executive decision to use this one.

Creating the dance. On the first day (1/17/20), I asked the residents to go around the circle and do follow the leader. One person led the movements, and the others mirrored the movement back. I talked with my supervisor and decided to choose four movements from follow the leader and choreograph the chorus. This helped organize the dance because the chorus repeats itself, and the residents followed the structure of the song. A couple of the residents helped name different moves. I introduced the movements one at a time and put them together in a sequence. We practiced the sequence and put them together with the music. I cued them when it was time to do the choreography and let them spontaneously move during the rest of the song.

During one session, I told them the meaning of the song that I found on BBC. After my explanation, I asked them what memories they had with the song. They discussed how they listened to it many times before, and what came up for them.

Props. I chose to dance with yellow streamers because the song is about a yellow ribbon, and streamers are what the site had, are cheap, and are easy for the residents to hold. The residents held the streamers how they wanted, and a consensus was to loop it over two fingers and to hold it in-between the fingers.

The Performance

The week before we performed, I asked them about performing the dance to more residents and worded it as, “We have been working on this dance for a couple of months now. How would you feel about showing it to other people here at the ALF?” I had supervision about how to ask the residents and how to advertise the performance. It seemed to be easiest to gather people who were around at that time. Family members visit at random times during the day, so we were hoping some would be around during that time. We also wanted as little pressure on the residents as possible and to make it something fun to do that was included in their daily routine.

The performance took place in the trattoria, which is the front, casual dining room with a kitchenette to the right of the entrance. The residents gathered for the Monday afternoon social that was a casual setting to interact, dance, eat sweets, and have a good time. While they were in the trattoria, I set up chairs to be in the “front” and welcomed up the dancers individually. I handed out streamers to dancers and audience members and invited whoever was in the vicinity to watch or dance with us. I sat to the side and faced them. I explained that we were going to do a dance to “Tie a Yellow Ribbon Round the Ole Oak Tree” that we had been working on in “exercise,” and they were welcome to move with us if they wanted to. The music played from

the speaker, and we did the dance that we worked on together for seven weeks. We took a bow; I collected the streamers; they went back to where they were sitting to enjoy the brownies; and I recruited a resident to help me put the yellow streamers on the pillars in the trattoria.

Recording the Data

After each group, I wrote a SOAP note to remember what happened in group. I also wrote in my own journal my feelings around the group and exactly happened during the session: what we did and what was said. I cognitively processed and observed what was happening in the room and with myself. Then, I used myself as instrument and created a few artistic responses. After talking to the residents, on December 8, 2019, I did an artistic response to hearing their stories of transitioning into the ALF. I used markers to create an artistic response and then danced to piano music. I recorded myself dancing (see attached video). I did another artistic response on Tuesday, March 3, 2020 using colored pencils and dance after the performance. I danced the dance to “Tie a Yellow Ribbon Round the Ole Oak Tree” that we performed using a scarf because I did not have the yellow streamer with me. Then, I danced to a piano song to understand my feelings around the project (see attached video). My final artistic response was creating an image for the song that we danced together and to use the metaphors that came out of the song and process.

Results

My Observations

Creating the dance was a process that took seven weeks to complete. Something evolved in the dance every week. The group members also changed, so there was never the same configuration of residents twice. I knew that the residents were ready to perform when a week

before the performance, a group member said that we had done the dance 1,000 times before and complained that we were doing it again. I took this as a sign that the group was ready to perform.

I noticed during the DMT groups that the group members were showing more group cohesion through increased eye contact with each other. They were more comfortable doing their own spontaneous movements instead of only following me. They mirrored each other's movements and made comments to each other across the circle.

I was nervous to announce to the whole group that we were going to do the dance as a performance, so I recruited my dancers individually by recognizing who knew the dance and who would be comfortable moving. The part that surprised me was how hesitant they were to dance in the trattoria compared to how willing they were to dance together during "exercise" in the activity room. Setting, format, and people present had much to do with the willingness to dance and the comfort level.

I was surprised what "dance" meant to them. I assumed that it automatically meant that we would be moving and dancing in the chairs like we did in the DMT groups. However, a couple of residents thought that it meant that they had to stand up and said that they were not physically able to do that. I explained that we were doing the dance that we had practiced in exercise and would be sitting on chairs. The follow up question was to ask if I would be dancing with them, and where was I going to sit? I reassured them that I would be dancing with them, they could follow me, and they could decide where I was going to sit. The residents wanted my support and the support of the others in the group; they wanted to do it together.

The dance went exactly as we had practiced. I gave the verbal cues to the different moves that we named during group. We twirled our ribbons to the beat of the music, danced the choreographed chorus, and moved spontaneously during the verses. I loved dancing with them

and felt the joy of moving in community and felt the support of the people in the room. After the three-minute song ended, the performance was over.

When the dance was over, I wanted to get out of the limelight as soon as possible, and some of the dancers did too because one dancer asked me if they could sit back at the table since the song was over. We enjoyed the limelight while we were dancing, and I felt the similar sensation of performance exhilaration. This was the first time that I was the explicit leader, so I was thankful that I had the muscle memory for the dance and could focus on making sure the residents knew what they were doing and felt comfortable dancing. Audience members were willing participants because they had streamers to move around too, which helped create an inclusive environment where the lines were blurred for who was the performer and who was the audience member. When the dancers finished the dance, I prompted them to take a bow. They had big smiles on their faces.

When the residents returned to their seats, the afternoon social went back to normal. I did not ask them any follow-up questions because I was nervous to ask them. I did not know how to ask them and did not want to verbally process as a group. The two questions that I am sitting with are: how could I have engaged the participants in dialog with the dance? How would their verbal responses impact me?

The Yellow Ribbon

The metaphor that I had in mind throughout this project was the yellow ribbon. I looked up what the song was about, and I told them that it told the story of a prisoner coming home to his lover and hoping that she will have him back. She showed her desire for him by tying 100 yellow ribbons around the tree (Crook, 2014). The residents listened intently and made eye contact with me. The common thought behind the song is a family or community welcoming a

soldier back from war. The tie of the song with prisoners of war, soldiers coming home from war, and prisoners getting released from jail is that their loved ones are welcoming them home.

When I asked the residents what the song meant to them, they also voiced how it reminded them of soldiers coming home from war. Other meanings for them were freedom, spring, and hair bows. Based off the song and the project, the yellow ribbon was a constant thread in my mind that signified that people are welcome in the community and to welcome them home. By waving the yellow ribbon together, we showed the participants and observers that they were loved and wanted in this place, their home.

The Meaning of the Project

This project was a way for new and established residents to come together and work on an art project in community. The residents inspired me and each other, creating a cohesive group dynamic along the way. We co-created a dance that had many meanings to each of us. We needed the help of the site for a performance space and opportunity, and they granted it to us. With the months of preparation, we created many meaningful moments and learned how to put together an artistic product. In the performance, it was a time to share what we were working on in our DMT group with the larger community. The process was a community effort, and we were able to bring together new residents with established residents and show others the fun that we create together.

Understanding the Transition

To start this project and before I structured the DMT groups around learning the dance, I talked to the residents to understand their life stories and where they were coming from. I wanted to know what their lives were like before they moved into the ALF and how the transition was for them. Based on their responses, I created two visual art pieces and a dance piece on

December 8, 2019. The visual art pieces (see Figures 3 and 4) were distinct from each other with the first showing chaos within a border and many different colors with a center. The “after” piece shows more free lines and squiggles that reads more top to bottom and left to right, using four colors. The dance (see Figure 5) was done in the shadow of the window and is dark. The movements were done in a chair to represent the group. I had more closed off movements that were me processing the intense emotions that the residents had around the transition into the ALF. I felt the darkness of the situation and all the light was behind me, so I felt lonely and isolated. There was a sense of hopelessness and grief, but also an understanding that the process was not linear. I was attempting to explore my surroundings, but it was difficult without a sense of safety or connection.

To represent the process, I included a picture that I drew in class on January 26, 2020 (see Figure 6) to remind me that sunsets are beautiful because “there is beauty in the transition” (N. Buddee, personal communication, November 14, 2019). The metaphor of the sunset has been with me throughout the thesis writing process and has shown me how beautiful times of turmoil and intense change are. These are growing pains because we come out stronger, having learned about ourselves and our environments in the process.

To represent the performance, I have included picture representations of the four moves that I included in the choreographed chorus (see Figures 7-10). When I danced to the song by myself after the performance, I felt playful, light, free, and comfortable with myself, the dance, and my surroundings. I was able to explore and create, was at ease, and I knew all the lyrics, subtleties, and context of the song. The process gave me freedom and gave me a sense of belonging.

In the reflection dance to piano music, my facial expressions portrayed my feelings clearly and told a story of the process. Through movement, I demonstrated the process of leading, how it was frustrating at first. I was able to ground myself, breathe, and keep working. I tuned into my surroundings and used others for inspiration (e.g. my supervisor and my residents). I found strength in myself as a leader and explored my surroundings by exploring the different planes. There was the nervous anticipation of the performance and bringing it all together to show to the larger community. I knew “we got each other” in the performance. In the end, there was a sense of completion, accomplishment, and pride. It all came together, and we did it in community. I felt what the residents probably felt: that we created something special, and there was so much love present in the process.

I then created another visual art piece (see Figure 11) that represented the process and the product in one image. For me, the main subject of the drawing is the oak tree with the yellow ribbon to represent the song and the new resident who is welcomed into the space. It also represents the pride that the established resident has because they created a sense of home and are loved. The part underneath represents the roots that they have with their old communities and the new connections they are making. Deep underground, there is water well that is the source of their energy and power. Behind the tree is the beautiful sunset to help them see that this is a challenging time but is helping them grow.

Discussion

Purpose and Approach

The purpose of this study was to use dance to build a sense of community between the new residents, the established residents, and the ALF. In order to create a dance, I worked with the residents in our DMT morning groups which we performed in the trattoria seven weeks after

starting the process. Anyone who was at the ALF at the time was able to participate in the DMT groups and watch the dance during the afternoon social.

Findings

I found that the group of residents became more cohesive throughout the DMT group sessions by having more eye contact, making more conversation, and mirroring each other's movements. They also became more comfortable with the space by extending their movements to include far reach in their kinesphere. Since there tends to be minimal verbalizations in my DMT groups, changes are felt and seen somatically. The residents made comments about their transition, but the most obvious communication of the transition is in their movements and the changes in movement patterns.

The dance that we created was used as a transitional object for the residents because it was a "bridge" between their past lives and their new experience (Flanagan, 2016). In the therapeutic space, the dance experience allowed the residents to have a space where they could form new connections to themselves and each other, where they could be seen and heard, where they could be cared for, and where they could be in the transitional space and unknown together.

Fischman (2016) described how "DMT operates by processing, on a body level, experiences from the past that could have been profound intersubjective misunderstandings. In this way it takes care of the aspects of the self that were neglected and therefore injured" (p. 40). The dancers expressed concern and were shy before they started dancing in the trattoria because they did not want to be in the limelight alone. They were also scared of messing up the dance. The residents did not explicitly state that they were scarred by past performances or being in the spotlight in front of people. However, they created a positive memory of performing in an inclusive and safe environment. They were rewiring their brain through movement (Lewis et al.,

2000). The rewiring of the neural patterns started by repeating the same choreography for seven weeks. Working together, their bodies and minds were able to remember the dance, and I was there as a visual cue. Cognitive plasticity was occurring because they learned a new dance and added their own contributions. They were able to transfer remembering the dance in the activity room to the new setting, which was the trattoria.

My findings also supported Kshtriya et al. (2015), who argued that it is best to keep older adults moving through long-term care and interventions. The older adults were improving their movement abilities by having the daily DMT group. Even though I did not test for balance, gait, and speed improvement, DMT at the ALF is a long-term treatment. They added their own spontaneous movements to the dance and kept moving in group.

I selected a song that they liked and enjoyed, and we moved together to it for seven weeks, creating a dance and discussing the meaning and memories behind it. Through the DMT groups and “embodiment” of the song, we were “revitalizing the body, reestablishing the enactive sensoriperceptive connection and recovering the possibility of accessing the emotional wealth present in the unfolding of life” (Fischman, 2016, p. 38). They were using their sense of self and developing it in community with the other residents. They related to each other and were in the creative process together. The next steps of the process include understanding and being able to vocalize emotions. My findings are backed by Gayvoronskaya and Shapovalov (2010), who found that dance/movement psychotherapy was effective for older adults in improving their psychosomatic, interpersonal, and life qualities.

Thus, through dance, the residents were able to reconnect with their minds, bodies, and spirits, solidified new neural pathways, and built a sense of community. By including both new

and established residents, an integrated ALF community started to be formed. Integration is a process, and this was the beginning step to making the ALF feel like home to the new residents.

While transition is itself a process, there is an end. The process is done when the person feels comfortable in the new setting; the surroundings are not so foreign and scary; they have the tools to emotionally cope with new challenges and changes; and they have a social support system in place. Therefore, DMT gives the residents emotional, physical, and cognitive tools to work through the transition.

Limitations

When working with an older adult population, it is important to keep in mind their memory abilities can be limited. They may not be able to vocalize shorter-term memories, but their bodies retain muscle memory. I struggled to find ways to get them to remember the choreography or the fact that we had choreography to this dance. Limitations also included gathering people for the DMT groups. There were the few regulars, but residents were in and out on different days, and it was difficult to keep a consistent group. Flexibility and patience were required. With all the happenings and activities at the ALF, it was challenging to find a set time to do the performance and to get people to show up to the activity. In the future, I would like to create a set list for a performance including different dances and combinations of residents and to invite their families to come watch. I would also like to see what the results of this project would be if the participants were only new residents to the ALF. If they recently moved in around similar times, then they would form the group, and I would observe their interactions and how they emotionally develop and integrate into the community. Now, I wonder what the residents who engaged with this project from the beginning would do if the song came on. Would they remember the dance? What memories would now be associated with the song?

Conclusion

By including both new and established residents in my project, they were able to work on the project and form community together. They had fun in the process, reminisced, and formed new memories and experiences.

Dancing helps reconnect a person to themselves and when done in a group, connects the individual to the greater whole. For residents who are recently moving into the ALF, a new support system is established by attending activities (especially DMT groups), and they find that transition is smoother and is seen as beautiful when done in community.

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Appendix

Figure 1

Move-in Day to College September 2012



Figure 2

My Three-Person Dorm Room in the First Year of College



Figure 3

Before Movement- Transition Response

**Figure 4**

After Movement- Transition Response



Figure 5

Movement-Transition Response



Figure 6

Sunset Drawing from Class



Figure 7

Move one: "Up, up, down, down"



Figure 8

Move two: "One, two, one, two three"



Figure 9

Move three: "I am here!"



Figure 10

Move four: "Side to side"



Figure 11

“Yellow Ribbon Round the Ole Oak Tree” Visual Art Response



THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

Student's Name: Alisa Carstens

Type of Project: Thesis

Title: Transitioning into Assisted Living Facilities: A Community Engagement Project

Date of Graduation: May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Meg Chang Ed.D., BC-DMT